

Pharmacy Benefit Information and FAQ's

Health Net Pharmacy Services, CalViva Health, and California Health
and Wellness Plans



Pharmacy Management

Preferred/Recommended Drug List (PDL/RDL)

- California Health and Wellness
 - <https://www.cahealthwellness.com/providers/pharmacy.html>
- Health Net and CalViva
 - https://www.healthnet.com/portal/provider/content/iwc/provider/unprotected/pharmacy_info/book/pharmacy_information.action#drug_info_ca_shpContent
- The PDL/RDL are comparable to the Medi-Cal FFS formularies as required by law
- All Medi-Cal Plans require generic to be dispensed when available
- Prior Authorization (PA) required when PA is listed on the PDL or when a medication or item is not found on the PDL. Additional restrictions may apply
- 30-day supply standard for all plans (90-day supply for oral contraceptives and Smoking Cessation products)

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Excluded Medications

The following drug categories are not part of the California Health & Wellness, Health Net, and CalViva pharmacy benefit and additionally are not covered by the 72 hour emergency supply policy:

- Drugs that are considered experimental
- Drug Efficacy Study and Implementation (DESI) drugs
- Drugs prescribed for infertility
- Drugs prescribed for erectile or sexual dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Over-the-counter (OTC) cough and cold preparations and Over-the-counter (OTC) adult acetaminophen products not already listed on the PDL/RDL

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Medi-Cal Fee-For-Service PDL Carve-Outs

Certain drugs are contractually carved-out to the DHCS. All authorization requests and claims for the specific drugs listed in the Medi-Cal Provider Manual (http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/mcpimperial_z01.doc) are submitted directly to Medi-Cal Fee-For-Service (FFS) system.

These drugs include:

- Select HIV AIDS treatment drugs
- Select alcohol, Heroin detoxification and Chemical Dependency treatment drugs (e.g., Campral®, Suboxone®)
- Select psychiatric/psychotropic drugs (e.g., Abilify®, Risperdal®)
- Select hemophilia drugs

California Children's Services (CCS) Carve-Outs

Drugs prescribed for CCS approved conditions by a CCS-paneled provider are covered by the CCS program and not by Health Net, CalViva, or California Health & Wellness Plans. All authorization requests and claims must be submitted directly to the CCS program. Drugs covered under CCS are submitted to the FFS system

Pharmacy Management

Pharmacy Benefit Manager (PBM) - Envolve Pharmacy Solutions

- Envolve Pharmacy Solutions is an affiliate of Centene Corporation
- URAC accredited full-service Pharmacy Benefit Manager (PBM)

Envolve Pharmacy Solutions provides a full suite of PBM services including:

- Systems implementation and ongoing maintenance of the benefit design
- Claims adjudication via a proprietary claims processing system
- Pharmacy provider network management
- Administration of the prior authorization process

CVS Caremark is contracted by Envolve Pharmacy solutions to adjudicate and capture pharmacy benefit claims.

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Medications That Require Prior Authorization

- Medications that are not listed on the PDL/RDL or have PA listed
- Medications that are on the Preferred Drug List (PDL) that have restrictions or limitations on them, such as:
 - Prior Authorization (PA), Step Therapy (ST), Quantity Limit (QL), Age Limit (AL), Specialty (SP)

Prior Authorization Requests

- The state mandated Prescription Drug Prior Authorization or Step Therapy Exception Request Form (No. 62-211) must be used.
- Providers can complete and submit a Standard Prior Authorization request form either electronically using CoverMyMeds (www.covermymeds.com) or by fax. This form can also be located on the California Health & Wellness and Health Net websites.
- Prior Authorization requests are reviewed upon receipt and decisions are faxed back to the numbers indicated on the submitted form within 24 hours.
- Prior Authorization forms submitted must be signed and dated. PA forms received with “SOF”, Signature on File, or missing dates will be returned as invalid.

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72 Hour Emergency Supply

- Pharmacies can dispense a 72 hour emergency supply of medication to a member awaiting their provider to submit a Prior Authorization or awaiting a Prior Authorization determination. The pharmacy calls Envolve Pharmacy Solutions or CVS Caremark for an override
- Excluded and carved-out medications/products are not eligible for a 72 hour emergency supply
- An emergency applies when lack of medical attention could result in jeopardy to a member's health or, in the case of a pregnant member, the health of her unborn child.

Envolve Pharmacy Solutions (EPS) - Monday thru Friday 5am-6pm PST, Sat 6:30am to 3pm.

California Health and Wellness Plan

PA Fax to EPS: 1-866-226-1093

PA Inquiries: 1-877-277-0413

Help Desk: 1-855-330-2338

Health Net and CalViva Plans

PA Fax to EPS: 1-800-977-8226

PA Inquiries: 1-800-867-6564

Help Desk: 1-800-867-6564

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Peer to Peer Review

- If a prior authorization is denied, the provider can call Envolve Pharmacy Solutions at 1-877-277-0413 to discuss the denial with the reviewing Pharmacist
- If the provider is not satisfied with the Peer to Peer outcome or the decision cannot be overturned by the Peer to Peer conversation, the provider may submit an appeal to the plan either by mail, phone or fax
- If a provider initiates an appeal on behalf of the member, the member is required to complete a signed Authorization to Disclose Health Information Form. This allows the provider to exchange information with the plan related to the appeal

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Specialty Medications - Home Self-Administered Drug Requests

- Complete and submit the Prescription Drug Prior Authorization or Step Therapy Exception Request Form (No. 62-211) to Envolve Pharmacy Solutions
- AcariaHealth is California Health & Wellness, Health Net, and CalViva's contracted Specialty Pharmacy for self-administered injectables, high cost medications and limited distribution medications
- Envolve Pharmacy Solutions and the Health Plan will coordinate with Acaria Health to ensure the member receives the medication.

AcariaHealth

California Health and Wellness

PA Fax: 1-855-815-9894

Phone: 1-855-535-1815

Health Net and CalViva

PA Fax: 1-844-750-0827

Phone: 1-844-538-4661

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Durable Medical Equipment (DME)

- ▶ In many cases, durable medical equipment requires prior authorization and is supplied by California Health and Wellness, Health Net, and CalViva's contracted Pharmacies and DME Vendors. Contact the Health Plan for more information in providing this service to our members.
- ▶ Select DME items (i.e. diabetic test strips, lancets, syringes and Aerochambers) listed on the Preferred Drug List (PDL) may be filled at a retail pharmacy under the pharmacy benefit

Enteral/Parenteral Nutrition

- ▶ Oral and Enteral Formula requests require a prior authorization and are reviewed by Envolve Pharmacy Solutions and at the Plan for dispensing by a pharmacy. Formulas infused at home may be dispensed by a Home Infusion provider.
- ▶ If the member is under 21 years old, CCS eligibility will be verified
- ▶ All Parenteral Nutrition services require prior authorization. For all products and supplies, contracted Home Infusion Providers will need to bill the Health plan via the medical claims process
- ▶ Please contact the plan with questions regarding these services

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Continuation of Care for Transitioning and New Members

The prescriber or pharmacy may request Continuity Of Care (COC) coverage by faxing a PA request, or by calling Envolve Pharmacy Solutions with drug history information

- New and transitioned members who were taking a non-PDL medication immediately prior to enrollment in the plan are eligible for continued coverage of a single source medication.
 - (A single source medication is one that has no generic equivalent available)
- Continuity of Care for medications requiring prior authorization will be initially covered for 90 days or the length of the previously approved authorization, whichever is longer, and then reviewed per re-authorization criteria.
- Excluded and carved-out medications/products are not eligible for continuation of care.